## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 6189 65

| (Column 1) (Column 2)       |  |   |                                       |                     |                               |                  |        | SMALL ENTITY TYPE  |                        | OB      | OTHER THAN OR SMALL ENTITY |                                       |
|-----------------------------|--|---|---------------------------------------|---------------------|-------------------------------|------------------|--------|--------------------|------------------------|---------|----------------------------|---------------------------------------|
| TOTAL CLAIMS                |  |   | 11                                    |                     |                               |                  | Г      | RATE               | FEE                    | )<br>   | RATE                       | FEE                                   |
| FOR                         |  |   | NUMBER FILED                          |                     | NUMBER EXTRA                  |                  | E      | BASIC FEE          | 375.00                 | OR.     | BASIC FEE                  | 750.00                                |
| TOTAL CHARGEABLE CLAIMS     |  |   | // minus 20=                          |                     | * 6                           |                  | ŀ      | X\$ 9=             |                        | OR      | X\$18=                     |                                       |
| INDEPENDENT CLAIMS          |  |   | $\int \int \min 3 = x = 0$            |                     |                               |                  | ŀ      | X42=               |                        | OR      | X84=                       | · · · · · · · · · · · · · · · · · · · |
| MU                          | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT                                |                     |                               |                  | t      | +140=              |                        | OR      | +280=                      |                                       |
| * If                        | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |                     |                               |                  | L      | TOTAL              |                        | OR      | TOTAL                      |                                       |
| CLAIMS AS AMENDED - PART II |  |   |                                       |                     |                               |                  |        |                    |                        |         | OTHER THAN                 |                                       |
|                             |  | (Column 1)                                | × ×                                   | (Colu               | and the same of the same of   | (Column 3)       |        | SMALL E            | NTITY                  | OR      | SMALL                      |                                       |
| AMENDMENT A                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI        | HEST<br>BBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE                |
|                             | Total  | *   | Minus                                 | **                  | ,                             | =                |        | X\$ 9=             |                        | OR      | X\$18=                     |                                       |
|                             | Independent  | *<br>NTATION OF MI                        | Minus                                 | ***                 | T CLANA                       | =                |        | X42=               | -                      | OR      | X84=                       |                                       |
|                             | FINST PRESE  | NIAHON OF MI                              | JUITPLE DE                            | ENDEN               | CLAIN                         |                  |        | +140=              |                        | OR      | +280=                      |                                       |
|                             |  |   |                                       |                     |                               |                  | L      | TOTAL<br>DDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                                       |
|                             |  | (Column 1)                                | 1 010                                 |                     | mn 2)                         | (Column 3)       |        |                    |                        |         |                            |                                       |
| AMENDMENT B                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI        | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE                |
|                             | Total  | *   | Minus                                 | **                  |                               | =                |        | X\$ 9=             |                        | OR      | X\$18=                     |                                       |
|                             | Independent  | *   | Minus                                 | ***                 |                               | <u> </u> =       | 1 [    | X42=               |                        | OR      | X84=                       |                                       |
| L                           | FIRST PRESE  | NTATION OF M                              | JLTIPLE DEI                           | PENDEN              | T CLAIM                       |                  | ┚┟     | +140=              | <u> </u>               | OR      | +280=                      |                                       |
|                             |  |   |                                       |                     |                               |                  | L      | TOTAL              | **,-                   | OR      | TOTAL<br>ADDIT, FEE        | 7)                                    |
|                             |  | (Column 1)                                |                                       | (Colu               | mn 2)                         | (Column 3)       |        | DDIT. FEE          |                        | •       | AUUII. FEE                 |                                       |
| AMENDMENT C                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | a.                                    | HIGI<br>NUN<br>PREV | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE                |
|                             | Total  | *   | Minus                                 | **                  |                               | =                |        | X\$ 9=             |                        | OR      | X\$18=                     |                                       |
|                             | Independent  | *   | Minus                                 | ***                 | T OL 411                      | =                |        | X42=               |                        | OR      | X84=                       |                                       |
| L                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                     |                               |                  |        | +140=              | ε .                    | OR      | +280=                      |                                       |
|                             | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                                       |                     |                               |                  |        |                    | <u> </u>               | OR      | TOTAL                      | 1. 2-1<br>2 1                         |
|                             | the-"Highest-Nu  | mber-Previously-F                         | aid-For-IN-TH                         | IS-SPACE            | is-less-th                    | an-3,-enter-"3." |        | DDIT. FEE          |                        |         | ADDIT. FEG                 |                                       |
|                             | i ne "Highest Nur  | mber Previously Pa                        | ua For" (Total o                      | or indepen          | aent) is th                   | e nignest numbe  | er tou | nd in the app      | propriate bo           | x in co | Jume to                    |                                       |